

July 19, 2019

Office of Naval Research 875 N. Randolph Street | Arlington, VA 22203 Attention: Tracie Simmons, Contracting Officer

Phone: (703) 696-7827 | Email: tracie.simmons@navy.mil

Subject: Deputy Chief of Naval Operations, Integration of Capabilities and Resources, Center for Naval Analysis (CNA) Comprehensive Review; Solicitation No. N00014-19-R-SS14

Ms. Simmons,

1Prospect Technologies, LLC (1P) is submitting our proposal in response to the above referenced solicitation. In support of the Office of Naval Research and the Deputy Chief of Naval Operations, Integration of Capabilities and Resources (N8), (b)(4)

(b)(4)

hereafter referred to as Team 1P, to submit this sole source response detailing our capability to provide a comprehensive review of the Department of the Navy's (DoN) federally funded R&D center (FFRDC), Center for Naval Analysis (CNA).

Our proposal submission includes the following required deliverables:

- An executed Standard Form (SF) 1449, found on following pages (1P N0001419RSS14 Offer)
- Factor 1 Volume 1 Technical Capability (1P_N0001419RSS14_Factor 1_Technical)
- Factor 2 Volume 2 Past Performance (1P_N0001419RSS14_Factor 2_Past Performance)
- Factor 3 Volume 3 Price (1P N0001419RSS14 Factor 3 Price)
- Attachment 8 (1P N0001419RSS14 Factor 3 Attachment 8)
- Confirmation of 1P's VETS-4212 required annual submission (1P_N0001419RSS14 VETS Confirmation)
- Supplemental document and pricing for optional tasks (N0001419RSS14_Optional Tasks)

Contractor Point of Contact

As confirmed on the cover page of each volume of our proposal, and in accordance with Section L, paragraph 6 of the solicitation, below is our Contractor Point of Contact information:

Name & Title: Lorene Reeder, General Manager

Phone: (210) 722-1380

Email: lorene.reeder@1prospect.com

Level of Authority: Authorized to hold negotiations with the Government and full authority to

bind 1P to contract.

Organizational Conflict of Interest

1P has reviewed the solicitation and all attachments and is not aware of any information bearing on the existence of any actual or potential organizational conflict of interest (OCI) for ourselves or our proposed subcontractor.

In accordance with solicitation Section L, paragraph 7, we provide the following statement:

I, Lorene Reeder, as an authorized negotiator on behalf of 1Prospect Technologies, LLC certify that NO actual or potential organizational conflict of interest (OCI) exists under Solicitation No. N00014-19-R-SS14. I understand that the failure to disclose the existence of actual or potential OCI shall result in the offeror not being considered for award.

Please note, in accordance with solicitation Section L, paragraph 2.a, 1P confirms that our proposal is valid through 60 days from the solicitation closing date. We acknowledge and accept the terms and conditions reflected in the solicitation.

Sincerely,



Lorene Reeder, General Manager 1Prospect Technologies, LLC

S		ONTRACT/ORDER R TO COMPLETE BLO			1. 1	REQUISITION NU	MBER		PAGE O	F 55		
2. CONTRACT NO		C TO COM LETE BEO	3. AWARD/ EFFECTIVE DATE	4. ORDER NUMBER			1	5. SOLICITATION NUMBER N00014-19-R-	R	6. IS	SOLICITATION SSUE DATE 07/16/2019	
	R SOLICITATION RMATION CALL:	a. NAME Adrian	L Kimbrough	n-Roman		b. TELEPHONE 703-588		(No collect calls)		DUE DATE/LO		
9. ISSUED BY				N00014	10. THIS ACC	QUISITION IS	□ _{UNI}	RESTRICTED OR [⊠ SET ASIDE	100.	00 % FOR:	
Tracie S tracie.s 875 N. R	of Naval Resimmons(703 immons@nav andolph St on VA 22203	y.mil reet	253)			WOMEN-OWNED SMALL BUSINESS (WOSB) ELIGIBLE UNDER THE WOMEN-OWNED SMALL BUSINESS (WOSB) ELIGIBLE UNDER THE WOMEN-OWNED SMALL BUSINESS EDWOSB WOREN-OWNED SMALL BUSINESS (WOSB) ELIGIBLE UNDER THE WOMEN-OWNED SMALL BUSINESS					1990 ARD: \$15.0	
11. DELIVERY F	OR FOB DESTINA-	12. DISCOUNT TERMS			☐ 13a TH	IS CONTRACT IS	Δ	13b. RATING				
MARKED SEE SCH					RA	TED ORDER UND AS (15 CFR 700)		14. METHOD OF SOLICITATION □RFQ □IFB □ RFP				
15. DELIVER TO		CODE			16. ADMINIS	TERED BY				100014		
See Sect	ion G				875 No Suite	e of Nava orth Rand 1425 gton VA 2	dolph					
17a. CONTRACTO	OR/ CODE	3B3Y0	FACILITY CODE		18a. PAYMEI	NT WILL BE MADE	E BY		CODE			
Milwauke	st State Street ee, WI 53208 (210) 722-13		DDDESS IN OFFEE		18h SURMIT	F INNOICES TO A		HOWN IN BLOCK 18a UNL	ESS BI OOK I	REI OW		
	T TANGE 10 DITT	EKENTAND FOT SOCITAL			IS CHE	CKED	SEE ADDE	NDUM	LOG BLOCK I			
19. ITEM NO.		SCHEDUL	20. E OF SUPPLIES/SE	ERVICES		21. QUANTITY	22. UNIT	23. UNIT PRICE		24. AMOUN	Т	
	Period of	Performance	: 07/29/2	2019 to 04/30,	/2020							
	· · ·	verse and/or Attach	Additional Shee	ets as Necessary)					LINT /Far Ca		<i>i.</i> .)	
25. ACCOUNTI	NG AND APPROPRI	ATION DATA					26	6. TOTAL AWARD AMO	UNI (For Go	ovt. Use Oni	у)	
27a. SOLICI	TATION INCORPORA	ATES BY REFERENCE	FAR 52.212-1, 5 BY REFERENCE	2.212-4. FAR 52.212-3 <i>F</i> CE FAR 52.212-4. FAR 52.	AND 52.212-	5 ARE ATTACHI TACHED.	ED. ADI	DENDA A	☐ ARE		OT ATTACHED. OT ATTACHED.	
28. CONTRACTOR IS REQUIRED TO SIGN THIS DOCUMENT AND RETURN COPIES TO ISSUING OFFICE. CONTRACTOR AGREES TO FURNISH AND DELIVER ALL ITEMS SET FORTH OR OTHERWISE IDENTIFIED ABOVE AND ON ANY ADDITIONAL SHEETS SUBJECT TO THE TERMS AND CONDITIONS SPECIFIED.					☐ 29. AWARD OF CONTRACT: OFFER DATED YOUR OFFER ON SOLICITATION (BLOCK 5), INCLUDING ANY ADDITIONS OR CHANGES WHICH ARE SET FORTH HEREIN, IS ACCEPTED AS TO ITEMS:							
30a. SIGNATURE OF OFFEROR/CONTRACTOR						31a. UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER)						
(b)(6)												
30b. NAME AND TITLE OF SIGNER (Type or print) 30c. DATE SIGNED					31b. NAME OF CONTRACTING OFFICER (Type or print) 31c. DATE SIGNED							
Lorene Reeder, General Manager 19 July 2019						Tracie Simmons						

19. ITEM NO.		20. SCHEDULE OF SUPPLIES	S/SERVICES	S		21. QUANTITY	22. UNIT	23. UNIT PF		24. AMOUNT	
32a OHANTITY	/ IN COLUMN 21 HAS	S REEN									
RECEIVI			D, AND CO	ONFORMS TO THE COI	NTRACT, E	EXCEPT AS I	NOTE	D:			
32b. SIGNATUF	RE OF AUTHORIZED	GOVERNMENT REPRESENTATIV	E	32c. DATE	32d. PRIN	32d. PRINTED NAME AND TITLE OF AUTHORIZED GOVERNMENT REPRESENTATIVE					
32e MAII ING A	32e. MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE 3					32f. TELEPHONE NUMBER OF AUTHORIZED GOVERNMENT REPRESENTATIVE					
020 112.11071						2. TELLINGTE NOMBER OF YOUR ONLESS GOVERNMENT RELIGIOUS					
3						2g. E-MAIL OF AUTHORIZED GOVERNMENT REPRESENTATIVE					
33. SHIP NUMBER		34. VOUCHER NUMBER	35. AMOUNT VERIFIED		36. PAYM	6. PAYMENT 37. CHECK NUMBER					
			CORRECT FOR		CON	COMPLETE PARTIAL FINAL					
PARTIAL FINAL											
38. S/R ACCOUNT NUMBER 39. S/R VOUCHER NUMBER 40. PAID BY											
41a. I CERTIFY	42a. RI	42a. RECEIVED BY (Print)									
41b. SIGNATURE AND TITLE OF CERTIFYING OFFICER 41c. DATE					42b. R	42b. RECEIVED AT (Location)					
					42c. DA	42c. DATE REC'D (YY/MM/DD) 42d. TOTAL CONTAINERS					